

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	dw	67814	4/19/00
O.I.P.E. CLASSIFIER		8	4-1300
FORMALITY REVIEW	DM	78223	6-21-W
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) ...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	Original 5/24/03 5/27/04
2	✓ ✓ ✓
3	✓ ✓ ✓
4	0 0 0
5	0 0 0
6	0 0 0
7	✓ ✓ ✓
8	0 0 0
9	
10	✓ ✓ ✓
11	✓ ✓ ✓
12	0 0 0
13	✓ ✓ ✓
14	✓ ✓ ✓
15	0 0 0
16	✓ ✓ ✓
17	✓ ✓ ✓
18	✓ ✓ ✓
19	0 0 0
20	
21	✓ ✓ ✓
22	✓ ✓ ✓
23	
24	✓ ✓
25	✓ ✓
26	✓ ✓
27	✓ ✓
28	
29	✓ ✓
30	
31	✓ ✓
32	✓ ✓
33	✓ ✓ 0
34	0
35	✓ ✓
36	✓ ✓
37	✓ ✓
38	✓ ✓
39	✓ ✓
40	0
41	
42	
43	✓ ✓
44	0 0
45	
46	
47	✓ ✓
48	✓ ✓
49	
50	

Claim	Final Original	Date
51	S12/01	2/1/04
52		
53	✓	
54	✓	
55	✓	
56	✓	
57	✓	
58	✓	
59	✓	
60	✓	
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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**BEST AVAILABLE COPY**